

EMPLOYMENT APPLICATION

EXACT TITLE OF POSITION FOR WHICH YOU ARE APPLYING _____

JPA NO. (SEE JOB ANNOUNCEMENT) _____

SCR911/EQUAL OPPORTUNITY EMPLOYER. Type or print using black or dark blue ink. This application must be completed in full. A separate application must be completed for each position applied for. All statements are subject to verification. If you move, you must notify SCR911 in writing of your new address and phone number.

SOCIAL SECURITY NUMBER / /	LAST NAME	FIRST NAME	MIDDLE INITIAL	HOME TELEPHONE ()
STREET NUMBER AND STREET NAME OR P.O. BOX				BUSINESS TELEPHONE ()
CITY, STATE, ZIP CODE				MESSAGE TELEPHONE ()
EMAIL ADDRESS				

DO YOU POSSESS A VALID DRIVERS LICENSE? YES NO
 ISSUING STATE: _____ LICENSE NUMBER: _____ EXPIRATION DATE: _____ LICENSE CLASS: _____

Are you a citizen of the United States or do you have a legal right to work in the United States? (Written proof of citizenship or right to work will be required at time of hire.) <input type="checkbox"/> YES <input type="checkbox"/> NO	BILINGUAL LANGUAGE SKILLS LANGUAGE: <input type="checkbox"/> SPEAK <input type="checkbox"/> WRITE <input type="checkbox"/> TRANSLATE	OFFICE SKILLS: TYPING _____ wpm COMPUTER _____ OTHER _____
---	---	--

Check the type(s) of work schedules you will accept. You will be considered only for the schedule(s) selected. Do not check those you are unwilling to accept.

FULL-TIME PART-TIME
 TEMPORARY ON-CALL

EDUCATION: Check the box if you possess one of the following: <input type="checkbox"/> High School Diploma <input type="checkbox"/> G.E.D. Certificate <input type="checkbox"/> California High School Proficiency Certificate	CIRCLE HIGHEST GRADE COMPLETED 1 2 3 4 5 6 7 8 9 10 11 12 COLLEGE 1 2 3 4 POST GRADUATE WORK _____ YEARS
---	---

Colleges, Universities, Vocational Technical Schools Attended	City/State	Major or Course of Study	Total Units Semester / Quarter	Degree or Certificate	Date Attended From / To

Title and number of any license, certificate or credential relevant to this position. Attach a copy of any required certification (see job announcement).

_____	_____	_____	_____
Title	Number	Issued By	Expiration Date

SANTA CRUZ REGIONAL 9-1-1
A Joint Powers Authority

EMPLOYMENT HISTORY: NAME: _____ SOCIAL SECURITY: _____ / _____ / _____

PLEASE LIST YOUR MOST RECENT EMPLOYMENT FIRST. RESUMES WILL NOT BE ACCEPTED IN PLACE OF A COMPLETED APPLICATION FORM. Respond completely to all information requested in this section. List all experience (within the last 10 years), including volunteer and military. Additional sheets may be attached to this application, if necessary, to fully describe related experience, training, and education. It is your responsibility to make and keep a copy of your completed application form and attachments. SCR911 is unable to do so.

BUSINESS / AGENCY NAME AND ADDRESS:	DATES EMPLOYED: FROM: TO: TOTAL YRS/MO:	JOB TITLE:	# OF PERSONS SUPERVISED:
		DUTIES:	
PHONE:	HOURS PER WEEK:		
SUPERVISOR'S NAME:			
MAY WE CONTACT EMPLOYER? <input type="checkbox"/> Y <input type="checkbox"/> N			
REASON FOR LEAVING:			

BUSINESS / AGENCY NAME AND ADDRESS:	DATES EMPLOYED: FROM: TO: TOTAL YRS/MO:	JOB TITLE:	# OF PERSONS SUPERVISED:
		DUTIES:	
PHONE:	HOURS PER WEEK:		
SUPERVISOR'S NAME:			
MAY WE CONTACT EMPLOYER? <input type="checkbox"/> Y <input type="checkbox"/> N			
REASON FOR LEAVING:			

BUSINESS / AGENCY NAME AND ADDRESS:	DATES EMPLOYED: FROM: TO: TOTAL YRS/MO:	JOB TITLE:	# OF PERSONS SUPERVISED:
		DUTIES:	
PHONE:	HOURS PER WEEK:		
SUPERVISOR'S NAME:			
MAY WE CONTACT EMPLOYER? <input type="checkbox"/> Y <input type="checkbox"/> N			
REASON FOR LEAVING:			

BUSINESS / AGENCY NAME AND ADDRESS:	DATES EMPLOYED: FROM: TO: TOTAL YRS/MO:	JOB TITLE:	# OF PERSONS SUPERVISED:
		DUTIES:	
PHONE:	HOURS PER WEEK:		
SUPERVISOR'S NAME:			
MAY WE CONTACT EMPLOYER? <input type="checkbox"/> Y <input type="checkbox"/> N			
REASON FOR LEAVING:			

AGREEMENT. I understand that any misrepresentation or deliberate omission in my application may be justification for termination or refusal of employment. I agree to undergo a physical examination if a job offer is made and understand that employment is contingent upon meeting SCR911's physical requirements. I also authorize employers, schools, or persons named in this application to give any information regarding my qualifications and character. I hereby release said employers, schools, persons and SCR911 from any liability for damages for receiving or releasing information. I further agree to be fingerprinted and to furnish proof of citizenship or right to work.

Signature: _____ **Date:** _____

SANTA CRUZ REGIONAL 9-1-1
A Joint Powers Authority

Santa Cruz Regional 9-1-1 is an Equal Opportunity Employer. We are required by the federal government to maintain certain statistical information on job applicants and employees. To assist us with this, we would appreciate your voluntary cooperation in answering the questions on this questionnaire. **This form will be detached from your application and will be kept separate and confidential from any employment decision.**

NAME: _____ POSITION APPLYING FOR: _____

SEX: MALE FEMALE JPA NO: _____

ETHNIC ORIGIN (choose only one):

A. WHITE: (not of Hispanic origin): All persons having origins to any of the original peoples of Europe, North Africa, or the Middle East.

B. AFRICAN-AMERICAN: (not of Hispanic origin): All persons having origins in any of the Black racial groups of Africa

C. HISPANIC: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

D. NATIVE AMERICAN: All persons having origins to any of the original Peoples of North America.

E. ASIAN: All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Pacific Islands.

F. FILIPINO: All persons having origins in the Philippine Islands.

INTERVIEWING BECAUSE OF A DISABILITY? If so, notify the Authority at the time you submit your application. YES NO TYPE: _____

DO YOU CLAIM VETERANS SERVICE PREFERENCE?

(If yes, attach a copy of your DD214.) YES NO

ARE YOU A VIETNAM ERA VETERAN? YES NO

ARE YOU A DISABLED VETERAN? (If yes, attach a copy of verification from the Department of Veterans Affairs.) YES NO

Disability Rating: _____

ARE YOU OVER 40? YES NO

____ City/County Personnel Department

____ A friend or relative

____ Authority employee _____

____ Job announcement or poster on bulletin board

____ EDD or other job counselor

____ Online website. Please specify: _____

____ SCR911 website

____ Other. Please specify: _____